VIRGINIA REHABILITATION CENTER FOR THE BLIND AND VISION IMPAIRED

WORK STUDY AND INTERNSHIP APPLICATION

Name of Candidate:			
	Last	First	Middle
Address:			
			_
Name of Address of School:			_
School Contact Person and I	Phone No.:		
School Year (Soph., Jr., etc.)	:		
Major:			
Vocational Goal:			
Most Recent Employer:			
Address:			
Date Employed:			
Bubel visul.			
Duties:			
Dudes.			
Next Most Recent Employer	r:		
Address:	· -		
Date Employed:			
Supervisor:			
Your Job Title:			
Duties:			

Confidentiality of Information:

I agree to maintain confidentiality on all information pertaining to customers/students.				
Candidate's Signature	Date			
Driving Record Verification:				
The following information is requested for each volunteer/into	ern who may provide transportation.			
Name: So	cial Security No.:			
Insurance Company:				
List accidents and/or convictions that occurred in the past	3 years (moving violations):			
I have no objection to the Virginia Department for the Blind a record from the Division of Motor Vehicles.	and Vision Impaired verifying my driving			
Signature:	Date:			
Signature:	Date:			
	VI Supervisor			
To Be Completed by VRCBV	VI Supervisor			
To Be Completed by VRCBV Work Study/Internship Dates: From-	VI Supervisor			
To Be Completed by VRCBV Work Study/Internship Dates: From-	VI Supervisor			
To Be Completed by VRCBV Work Study/Internship Dates: From-	VI Supervisor			
To Be Completed by VRCBV Work Study/Internship Dates: From- Areas of Assignment and Hours for Each Area:	VI Supervisor			
To Be Completed by VRCBV Work Study/Internship Dates: From- Areas of Assignment and Hours for Each Area:	VI Supervisor			
To Be Completed by VRCBV Work Study/Internship Dates: From- Areas of Assignment and Hours for Each Area: Name of Supervisor for Each Assignment:	VI Supervisor			